

Substitute for form 1449/PTO			Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			Application Number	10/514,429	
			Filing Date	July 12, 2005	
			First Named Inventor	Robert DWILINSKI	
			Art Unit	2881	
			Examiner Name	M. J. Logie	
Sheet	1	of	3	Attorney Docket Number	204552033800

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Examiner Initials*	Cite No.	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examine r Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²
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Examiner Signature		Date Considered	
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